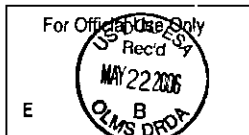


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



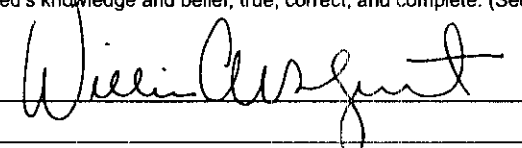
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 09353	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name William C Walpert P.O. Box, Bldg., Room No., if any Standard Building Mezzanin Street 1370 Ontario Street City Cleveland State Ohio ZIP Code + 4 44113-1702	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers and Trainm Labor Organization File Number 000-101 P.O. Box, Building and Room Number, if any Standard Bldg Mezzani Street 1370 Ontario Street City Cleveland State Ohio ZIP Code + 4 44113-1702
5. Position in labor organization. National Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 5/15/2006	216-241-2630, ext. 218
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Met Life

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8320 Old Courthouse Road, 5th Floor

City Vienna

State Virginia ZIP Code + 4 22182

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Short Term Disability Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Standard Building Mezz

Street 1370 Ontario Street

City Cleveland

State Ohio ZIP Code + 4 44113-1702

11.a. Nature of such dealing.

Golf Outing

11.b. Approximate dollar value of such dealing.

\$224

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Healthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 150453

Street

City Hartford

State Connecticut

ZIP Code + 4 06115

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Dinner Dance	Aventura FL	2/7/05	241.97
Golf Outing	Aventura FL	2/12/05	164.78
Golf Lunch	Aventura FL	2/12/05	108.38
Golf Outing	Aventura FL	2/16/05	164.78

11.b. Approximate dollar value of such dealing.

\$680

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Yaeger Jungbaurer & Barzak PLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 745 Kasota Avenue

City Minneapolis

State Minnesota

ZIP Code + 4 55414

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Book/Briefcase	45.00
Entertainment/Dinner	320.00

11.b. Approximate dollar value of such dealing.

\$365

12.a. Nature of interest held or income received.

12.b. Amount.